## PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

or <u>Fax</u> (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Nutter McClennen & Fish LLP World Trade Center West 155 Seaport Boulevard Boston, MA 02210-2604 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Electronic Transmission

I hereby certify that this Fee(s) Transmittal is being transmitted via the Office Electronic filing system on the date indicated below.

Ctar 1 (Signatur						Charlto	- Chan			(D	
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10709,122 04/14/2004 Richard Rox Anderson 22727-110 3121  TITLE OF INVENTION: METHODS AND DEVICES FOR EPITHELIAL PROTECTION DURING PHOTODYNAMIC THERAPY  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE Non-Provisional YES \$755 \$300.00 \$1,055.00 12/23/2009  EXAMINER ART UNIT CLASS-SUBCLASS  Luke E. Karpinski 1616 514-410000  1. Change of correspondence address or indication of "Fee Address" indication of "Fee Address" indication of "Fee Address" indication form PTO/SB1/22) attached. The Address' indication for "Fee Address from PTO/SB1/22) attached. The Address' indication for "Fee Address" indication form PTO/SB1/22) attached. The Address' indication for "Fee Address' indication for "Fee Address' indication for "Fee Address' indication for "Fee Address' indication form PTO/SB1/22) attached. The AME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT from tor type 2 a registered attorney or agent so R, alternatively, 2 a registered attorney or agent so R, alternatively, 2 a registered attorney or agent so R, alternatively, 2 a registered attorney or agent so R, alternatively, 2 a registered attorney or agent so R, alternatively, 2 a registered attorney or agent so R, alternatively, 2 a registered attorney or agent so R, alternatively, 3 and 5 and							n Snen		(Depositor's name)		
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10709,122 04/14/2004 Richard Rox Anderson 22727-110 3121  TITLE OF INVENTION: METHODS AND DEVICES FOR EPITHELIAL PROTECTION DURING PHOTODYNAMIC THERAPY  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE Non-Provisional YES \$755 \$300.00 \$1,055.00 12/23/2009  EXAMINER ART UNIT CLASS-SUBCLAS  1. Change of correspondence address or indication of "Fee Correspondence address for indication of "Fee Correspondence address for methods from PTO/SBL/2 attached. The Address" (37 CFR 1.363).  Change of correspondence address for methods from PTO/SBL/2 attached. The Address of methods from PTO/SB		December 21 200									
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE  Non-Provisional YES \$755 \$300.00 \$1,055.00 12/23/2009  EXAMINER ART UNIT CLASS-SUBCLASS  Luke E. Karpinski 1616 514-410000  1. Change of correspondence address or indication of "Fee Address" indication for "Fee Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form F10/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (A) RESIDENCE: CITT' and STATE OR COUNTRY)  Boston, Massachusests  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government  4a. The following fee(s) are enclosed:  A publication Fee (No small entity discount permitted)  Advance Order # of Copies  A check in the amount of the fee(s) is enclosed.  X Publication Fee (No small entity Status. See 37 CFR 1.27.  Payment by credit card. Authorization via EFS Web.  The Director is hereby authorized to charge any add'tl. fee(s), or credit any overpayment, to Deposit Account Number  141449  5. Change in Entity Status (from status indicated above)  A Advance Order # of Copies  A phylicant claims SMALL ENTITY status. See 37 CFR 1.27.  Payment by credit card. Authorization via EFS Web.  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (ff any) or to re-apply any previously paid issue fee to the ap	APPLICATION NO.	FILING DATE	FIRST NAM					`			
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE  Non-Provisional YES \$755  \$300.00 \$1,055.00 \$12/23/2009  EXAMINER ART UNIT CLASS-SUBCLASS  Luke E. Karpinski 1616 \$144.0000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)  Change of correspondence address for Change of Correspondence Address from PTO/SB/1/22) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/1/22) attached.  "Fee Address findication (or "Fee Address" Indication form PTO/SB/1/22) attached.  "Fee Address from PTO/SB/1/22) attached.  "The Address from PTO/SB/1/22) attached.  "The Director Address from PTO/SB/1/22) attached.  "The Director #Fee Address from PTO/SB/1/22) attached.  "A change from PTO/SB/1/22 attached.  "The Director #Fee Address from PTO/SB/1/22 attached.  "The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if rany) or to reapply any previously paid issue fee to the application identified above.  "The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if rany) or to reapply any previously paid issue fee to the applicatio	10/709,122	04/14/2004		Richard R	ard Rox Anderson		22727-110		3121		
Non-Provisional YES   \$755   \$300.00   \$1,055.00   12/23/2009	TITLE OF INVENTION: METHODS AND DEVICES FOR EPITHELIAL PROTECTION DURING PHOTODYNAMIC THERAPY										
Luke E. Karpinski  Luke E. Karpinski  1616  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)  Change of correspondence address (or Change of Correspondence address (or Change of Correspondence Address' indication (or "Fee Address" Indication from PTO/SB/122) attacked.  The Address' indication (or "Fee Address" Indication from PTO/SB/147; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  The General Hospital Corporation d/b/a Massachusetts General Hospital  Please check the appropriate assignee category or categories (will not be printed on the patent):  I advinced by Payment of Fee(s):  I ssue Fee  Advance Order # of Copies  Advance Order # of Samula Intity discount permitted)  Advance Order # of Copies  Advance Order # of Copies  Advance Order # of Copies  Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  B. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27.  (Request to Remove Small Entity Status and Payment of Deficiency Owed - previously filed July 12, 2007)  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.	APPLN. TYPE	SMALL ENTITY	ISSUE	FEE PUBLICA		TION FEE	TOTAL FEE(S) DUE		DATE DUE		
Luke E. Karpinski 1616 514-410000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  The Address' molication (or "Fee Address' Indication for "Fee Address' Indication" (or "F	Non-Provisional	YES	\$75	55	\$300.00		\$1,055.00		12/23/2009		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address for PTO/SB/12) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/12) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/12) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/12, Rev 03-02 or more recent) attached.  "See of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Boston, Massachusetts  (B) RESIDENCE (CITY and STATE OR COUNTRY)  Boston, Massachusetts  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government  4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Publication Fee (No small entity discount permitted)  Advance Order # of Copies  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Authorization via EFS Web.  Advance Order # of Copies  A check in the amount of the fee(s) is enclosed.  Deposit Account Number  141449  5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  (Request to Remove Small Entity Status and Payment of Deficiency Owed-previously filed July 12, 2007)  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (fir required) will not be accepted from anyone other than the applicant; a registered attomey or agent; or the assignee or other party interest as shown by the records of	EXAMINER ART U					UBCLASS					
Address* (37 CFR 1,363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address* indication (or "Fee Address* indication from PTO/SB/122) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  The General Hospital Corporation d'b/a Massachusetts General Hospital  Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual X Corporation or other private group entity Government  4a. The following fee(s) are enclosed:  X Publication Fee (No small entity discount permitted)  Advance Order -# of Copies  A check in the amount of the fee(s) is enclosed.  X Payment by credit card. Authorization via EFS Web  Advance Order -# of Copies  A check in the amount of the fee(s) is enclosed.  X The Director is hereby authorized to charge any add 'tl. fee(s), or credit any overpayment, to Deposit Account Number  141449  5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.											
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" indication form PTO/SB/137; Rev 0.3-02 or more recent) attached.  Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  The General Hospital Corporation d/b/a Massachusetts General Hospital  Please check the appropriate assignee category or categories (will not be printed on the patent):  [A] The following fee(s) are enclosed:  [A] Publication Fee (No small entity discount permitted)  [A] Payment of Fee(s):  [A] Advance Order # of Copies  [A] Payment by credit card. Authorization via EFS Web  [A] Advance Order # of Copies  [A] Payment by credit card. Authorization via EFS Web  [A] Director is hereby authorized to charge any add'tl. fee(s), or credit any overpayment, to Deposit Account Number  [A] 14449  5. Change in Entity Status (from status indicated above)  [A] Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  [B] Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attomey or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.  [A] Date December 21 , 2009			on of "Fee					Nutter McCle	nnen & Fish	119	
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.  Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT1 a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  The General Hospital Corporation d/b/a Massachusetts General Hospital  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government  4a. The following fee(s) are enclosed:  X Publication Fee (No small entity discount permitted)  Advance Order -# of Copies  A check in the amount of the fee(s) is enclosed.  X Publication Fee (No small entity discount permitted)  Advance Order -# of Copies  A check in the amount of the fee(s) is enclosed.  X Publication Fee (No small entity discount permitted)  Advance Order -# of Copies  A check in the amount of the fee(s) is enclosed.  X Publication Fee (No small entity discount permitted)  B Payment by credit card. Authorization via EFS Web  A check in the amount of the fee(s) is enclosed.  X Phylication Fee (No small entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  B Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  (Request to Remove Small Entity Status and Payment of Deficiency Owed - previously field July 12, 2007)  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.	Change of correspondence address (or Change of attorneys or agents OR, alternatively,							Tratter Mecies	interior de l'isti	LEISI	
form PTO/SB/47; Rev 03-02 or more recent) attached.  Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  The General Hospital Corporation d/b/a Massachusetts General Hospital  Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Boston, Massachusetts  Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual											
Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  The General Hospital Corporation d/b/a Massachusetts General Hospital  Hospital  Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Individ		up to 2 registered patent attorneys or agents. If no									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  The General Hospital Corporation d/b/a Massachusetts General Hospital  Please check the appropriate assignee category or categories (will not be printed on the patent):  At The following fee(s) are enclosed:  X Issue Fee  A check in the amount of the fee(s) is enclosed.  X Publication Fee (No small entity discount permitted)  X Payment by credit card. Authorization via EFS Web  Advance Order # of Copies  X The Director is hereby authorized to charge any add'tl. fee(s), or credit any overpayment, to Deposit Account Number  141449  5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  (Request to Remove Small Entity Status and Payment of Deficiency Owed - previously filed July 12, 2007)  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.	Use of a Customer Number is required. name is listed, no name will be printed.										
for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  The General Hospital Corporation d/b/a Massachusetts General Hospital  Please check the appropriate assignee category or categories (will not be printed on the patent):  Description of the private group entity  Government  4a. The following fee(s) are enclosed:  X Issue Fee  A check in the amount of the fee(s) is enclosed.  X Publication Fee (No small entity discount permitted)  Advance Order # of Copies  Advance Order # of Copies  The Director is hereby authorized to charge any add'tl. fee(s), or credit any overpayment, to Deposit Account Number  141449  5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  Boston, Massachusetts  Hodividual  X Corporation or other private group entity  Government  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  X The Director is hereby authorized to charge any add'tl. fee(s), or credit any overpayment, to Deposit Account Number  141449  5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  (Request to Remove Small Entity Status and Payment of Deficiency Owed-previously filed July 12, 2007)  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.											
(A) NAME OF ASSIGNEE The General Hospital Corporation d/b/a Massachusetts General Hospital  Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Individ											
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government  4a. The following fee(s) are enclosed:  X Issue Fee A check in the amount of the fee(s) is enclosed.  X Publication Fee (No small entity discount permitted) X Payment by credit card. Authorization via EFS Web  Advance Order # of Copies X The Director is hereby authorized to charge any add'tl. fee(s), or credit any overpayment, to Deposit Account Number 141449  5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.  Date December 21, 2009											
4a. The following fee(s) are enclosed:  X Issue Fee  A check in the amount of the fee(s) is enclosed.  X Publication Fee (No small entity discount permitted)  X Payment by credit card. Authorization via EFS Web  Advance Order # of Copies  X The Director is hereby authorized to charge any add'tl. fee(s), or credit any overpayment, to Deposit Account Number  141449  5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  (Request to Remove Small Entity Status and Payment of Deficiency Owed - previously filed July 12, 2007)  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.  Date  December 21, 2009	The General Hospital Corporation d/b/a Massachusetts General  Boston, Massachusetts  Boston, Massachusetts										
X   Issue Fee	Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government										
Advance Order -# of Copies  Advance Order -# of Copies  X The Director is hereby authorized to charge any add'tl. fee(s), or credit any overpayment, to Deposit Account Number  141449  5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  (Request to Remove Small Entity Status and Payment of Deficiency Owed - previously filed July 12, 2007)  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.  Date  December 21, 2009		are enclosed:			•	` '					
Advance Order -# of Copies  X The Director is hereby authorized to charge any add'tl. fee(s), or credit any overpayment, to Deposit Account Number  141449  5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). (Request to Remove Small Entity Status and Payment of Deficiency Owed - previously filed July 12, 2007)  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.  Authorized Signature  Date  December 21, 2009	X Issue Fee A check in the amount of the fee(s) is enclosed.										
Deposit Account Number 141449  5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. (Request to Remove Small Entity Status and Payment of Deficiency Owed - previously filed July 12, 2007)  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.  Authorized Signature  Date December 21, 2009	X         Publication Fee (No small entity discount permitted)         X         Payment by credit card. Authorization via EFS Web										
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). (Request to Remove Small Entity Status and Payment of Deficiency Owed - previously filed July 12, 2007)  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.  Authorized Signature  Date  December 21, 2009	The Brooter is noted and and an every state and overlap and the copy of state and overlap and										
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. (Request to Remove Small Entity Status and Payment of Deficiency Owed - previously filed July 12, 2007)  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.  Authorized Signature  Date  December 21, 2009	5. Change in Entity Sta	tus (from status indicate	ed above)	_							
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.  Authorized Signature  Date  December 21, 2009	a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. (Request to Remove Small Entity Status and Payment of Deficiency Owed -										
	NOTE: The Issue Fee and I	Publication Fee (if require	d) will not be a	ccepted from a							
Typed or printed name Charlton Shen Registration No. 54,442	Authorized Signature	· Chit	M				Date	Decembe	er 21 ,2	2009	
	Typed or printed nan	ne	Charlt	on Shen			Registratio	on No	54,442	2	